

| POSITION                  | INITIALS | ID NO.      | DATE           |
|---------------------------|----------|-------------|----------------|
| FEE DETERMINATION         |          |             |                |
| O.I.P.E. CLASSIFIER       | RSS      |             | 12/12/00       |
| FORMALITY REVIEW          |          |             |                |
| RESPONSE FORMALITY REVIEW | OP       | 826<br>1471 | 8/6/01<br>1/14 |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim          | Date |
|----------------|------|
| Final Original |      |
| 1              | ✓    |
| 2              | ✓    |
| 3              | ✓    |
| 4              | ✓    |
| 5              | ✓    |
| 6              | ✓    |
| 7              | ✓    |
| 8              | ✓    |
| 9              | ✓    |
| 10             | ✓    |
| 11             | ✓    |
| 12             | ✓    |
| 13             | ✓    |
| 14             | ✓    |
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| 47             | ✓    |
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| Claim          | Date |
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| Final Original |      |
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| Claim          | Date |
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| Final Original |      |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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Def 617  
JC 8-6-01